

EXHIBIT E

UNITED STATES DISTRICT COURT
FOR THE
DISTRICT OF MASSACHUSETTS

Terri Pechner-James and
Sonia Fernandez,
Plaintiffs,

v.

City of Revere, et, al
Defendants.

C.A. No. 03-1249MLW

**DEFENDANTS BERNARD FOSTER, SALVATORE SANTORO,
ROY COLANNINO, FREDERICK ROLAND, THOMAS DOHERTY,
JOHN NELSON, JAMES RUSSO, MICHAEL MURPHY, AND STEVEN FORD'S
FIRST SET OF INTERROGATORIES TO PLAINTIFF SONIA FERNANDEZ**

Now come the Defendants, Bernard Foster, Salvatore Santoro, Roy Colannino, Frederick Roland, Thomas Doherty, John Nelson, James Russo, Michael Murphy, and Steven Ford, and propound the following interrogatories to the plaintiff, Sonia Fernandez, incorporating herein the Uniform Definitions contained in Local Rule 26.5 for the District of Massachusetts:

1. Please state your name, age, address, social security number, present occupation and business address, and occupation and business address at the time of the incident referred to in your complaint and currently.
2. Please state the name and address of each high school, institution of higher learning, or training course which you have attended, the dates you attended and the degree of certification that you received, including, but not limited to, all courses, programs, classes, and seminars involving police work and/or law enforcement.
3. State with specificity the dates, times, places, actions and/or behavior of the alleged incidents in your Verified Complaint in which you were allegedly injured for each of the following individual defendants:
 - a. Bernard Foster
 - b. Salvatore Santoro
 - c. Roy Colannino
 - d. Frederick Roland
 - e. Thomas Doherty
 - f. John Nelson
 - g. James Russo

- h. Michael Murphy
- i. Steven Ford

4. State the name, telephone number, and present address of each person having personal knowledge of or who was a witness to any of the facts, events, occurrences and allegations contained in the Verified Complaint.

5. As to each person identified in your answer to Interrogatory ⁴ above, please state in full and complete detail:

- a. the facts, events, or incidents described in your Verified Complaint of which said person has knowledge or claims to have knowledge; and
- b. your understanding of what each person knows, saw, or observed with respect to the facts, events, or incidents alleged in your Verified Complaint.

6. Please state the names of each and every female employee of the Revere Police Department that you allege in your Verified Complaint to have similarly suffered from the allegedly hostile work environment.

7. Please describe the nature and extent of the medical, hospital, psychiatric, chiropractic, physical therapy, and other health care treatment which you claim you received as the result of the allegations in your Verified Complaint, stating in each case the dates thereof and the names and addresses of the health care vendors and institutions involved; the name and address of each attending and consulting physician; the date and inclusive dates on which each of them rendered services; the amounts to date of their respective bills for services; and the exact treatment that you receive from each of them.

8. Please describe fully and in complete detail all injuries, ailments, or pains which you claim to have suffered and/or experienced as a result of the alleged incident referred to in your Verified Complaint and describe in full detail what if any injuries, ailments or pains you are still suffering from or experiencing.

9. As a result of the alleged incidents in your Verified Complaint, please state how long and between what dates you were partially and/or wholly incapacitated from work or other normal activities, giving particulars in which you were so incapacitated.

10. If you claim that you are presently unable to work, as a police officer or in any other capacity, please describe in full detail the injuries, ailments or any other factors that prevent you from working and include the names and addresses of all health care providers with whom you visited in connection with such claim, the date of each visit for treatment with each provider, each such provider's diagnoses of your condition, and state whether you continue to receive treatment from any or all of the identified providers.

11. If you missed any time from work or school as a result of this incident, please state the period during which you were unable to attend work or go to school, the name and address of your employer and or school, your average weekly wage, and the amount of claimed lost wages, and your course of study at said school.
12. Please state in itemized form all expenses or damages suffered by you or incurred by anyone on your behalf as a result of the incident alleged in your Verified Complaint.
13. Please state whether you, your attorney, or other agent has received a written statement, signed or unsigned, from any person relating or referring to the facts, events or incidents referred to in your Verified Complaint, and if so, please identify from whom the statement was received; the date of the statement; who took such statement; and whether it was signed by the person.
14. Please state the name and address of all of the employers you have had for the ten years prior to the present time, indicating the duration of such employment and what your job title and duties were for each such employer.
15. Please describe fully and in complete detail any illness, injuries, diseases, defects or operations which you may have had or suffered from:
 - a. within five years prior to the time of the incidents alleged in your complaint, setting forth the date and specifics of each incident ; and
 - b. at any time after the aforesaid incidents not caused by or arising from the allegations in your complaint, set forth the date and specific of each incident.
16. Please describe every occasion while employed as a Revere police officer when you have been reprimanded, disciplined, suspended, written up, or otherwise criticized for you conduct as a police officer by a member of the Revere Police Department and/or any citizen, include a complete description of the conduct so challenged
17. Please describe in full and complete detail each and every form of "punishment" and or discrimination that you claim you suffered while an officer with the Revere Police Department because of your gender, race and/or ethnicity.
18. Please describe in full and complete detail how each of the above-named defendants deprived you of full participation in the work of the Revere Police Department.
19. Have you recovered any money from any other person, firm or corporation not named as a defendant in this case, or from any third party source whatsoever, including from any worker's compensation carrier, for any of your injuries and/or damages and, if so, please state how much money has been recovered, when it was recovered, for what purpose it was paid and from whom.
20. State the name address, telephone number and relationship to you of each person who prepared or assisted in the preparation of your responses to these Interrogatories.

21. Please state in full and complete detail each and every fact upon which you rely on to support your claim, contained in Count I of your Verified Complaint, that the above named Defendants created a "Hostile Work Environment and/or Sexually Harassed" you.
22. Please state in full and complete detail each and every fact upon which you rely to support your claim, contained in Count II of your Verified Complaint, that the above named Defendants caused the plaintiff's constructive discharge in violation of M.G.L.c. 151 § 4(1) and 42 U.S.C. § 2000(e)-2..
23. Please state in full and complete detail each and every fact upon which you rely to support your claim, contained in Count III of your Verified Complaint, that the above named Defendants barred the plaintiff from full participation in the compensation, the terms, the conditions and the privileges of employment in violation of M.G.L.c. 151 § 1 & (1)(C) and 42 U.S.C. § 2000(e)-2.
24. Please state in full and complete detail each and every fact upon which you rely to support your claim, contained in Count IV of your Verified Complaint, that the above named Defendants conduct was extreme and outrageous that it shocks the conscience and violates the law and in continuous violation of M.G.L.c. 151B § 4A and 42 U.S.C. § 2000(e)-2.
25. Please state in full and complete detail each and every action you have taken to report, notify or communicate to any other person the alleged sexual harassment and/or hostile work environment that you claim you suffered while employed at the Revere Police Department and provide the names of each person it was reported to, you notified and/or communicated it to.
26. Please describe the date, time and full and complete detail each and every instance of disparate treatment that you claimed you suffered while employed at the Revere Police Department.

The defendants
By their attorneys,

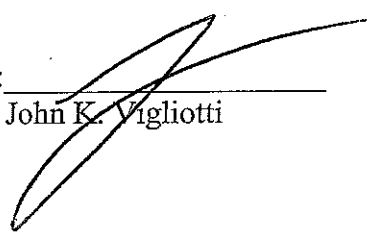
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CERTIFICATE OF SERVICE

I, John K. Vigliotti, hereby certify that I have on this 9th day of August, mailed a copy of the enclosed **DEFENDANTS' BERNARD FOSTER, SALVATORE SANTORO, ROY COLANNINO, FREDERICK ROLAND, THOMAS DOHERTY, JOHN NELSON, JAMES RUSSO, MICHAEL MURPHY, AND STEVEN FORD'S FIRST SET OF INTERROGATORIES TO PLAINTIFF SONIA FERNANDEZ**, by first class, postage prepaid to:

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By: 
John K. Vigliotti